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AZERBAIJAN

TUBERCULOSIS PROFILE



Country Population	8,406,000
Est. number of new TB cases	6,484
Est. TB incidence (all cases per 100,000 pop)	77
DOTS population coverage (%)	100
Rate of new SS+ cases (per 100,000 pop)	35
DOTS case detection rate (new SS+) (%)	50
DOTS treatment success rate, 2005 (new SS+) (%)	59
Est. new adult TB cases (HIV) + (%)	0.5
New multidrug-resistant TB cases (%)	22.3*
<small>All data are for 2006 except where noted otherwise noted. WHO Global TB Report 2008 and WHO Anti-Tuberculosis Drug Resistance in the World Report, 2008. *Estimate from based on Baku city</small>	

Tuberculosis (TB) is still a serious public health threat in Azerbaijan. According to the most recent World Health Organization (WHO) global TB drug resistance surveillance report, the highest multidrug-resistant (MDR) TB rate in the world was recorded in Baku, where nearly a quarter of all new TB cases (22.3 percent) were reported as MDR. Since 2003, the DOTS (directly observed treatment, short course) case detection rate increased from 29 to 50 percent. However, the DOTS treatment success rate has fallen from 70 to 59 percent.

Since the collapse of the Soviet Union, Azerbaijan has faced many challenges to providing essential health services, and the health of the population has deteriorated. TB affects the most economically productive population: 79 percent of patients are under 45 years of age. TB and particularly MDR-TB are a major problem in Azerbaijani prisons as well. The Government of Azerbaijan (GOA) has focused its efforts on TB control in the building of hospitals and laboratories and in the equipping of these facilities. The Ministry of Health (MOH) is committed to providing quality care to TB patients and is currently reviewing the National TB Control Strategy for 2008–2015. However, both case detection and DOTS treatment success rates remain significantly below WHO targets. Reasons for this may include continued use of non-standardized and incomplete treatment regimens, insufficient work on case finding and prevention and stopping transmission, high levels of stigma related to the disease, as well as the existence of financial and geographical barriers to care. While DOTS is the officially recognized strategy for TB treatment in Azerbaijan, the government is not providing sufficient support to implement it nationwide.

USAID Approach and Key Activities

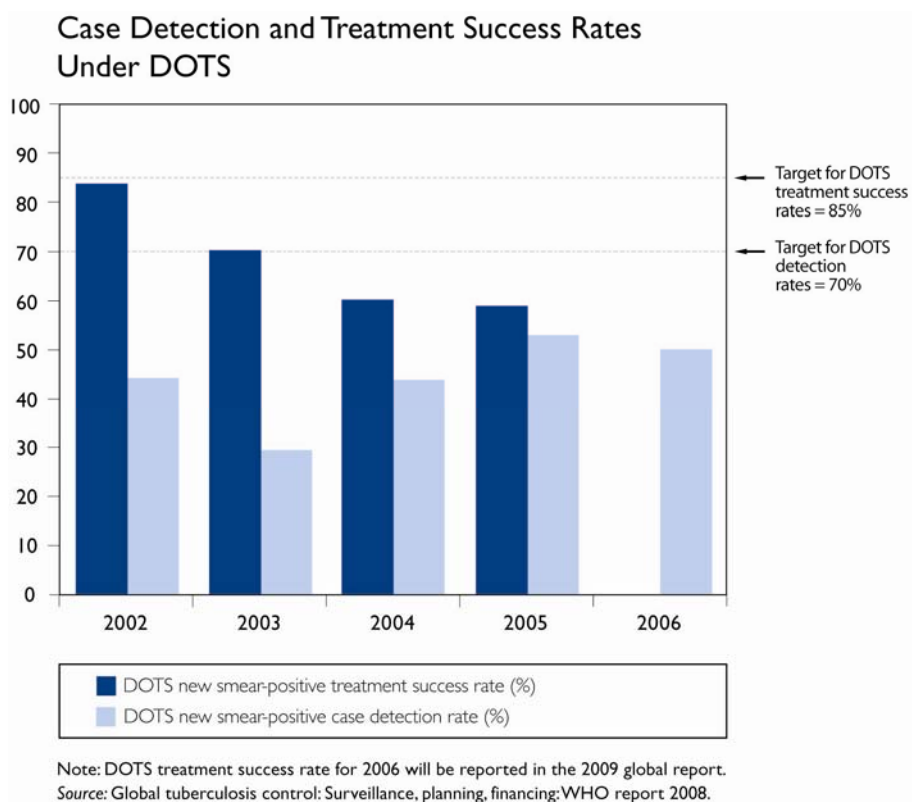
USAID assistance to Azerbaijan began in fiscal year 2008, with approximately \$500,000, which provides support to the National TB Control Program (NTCP) through the Primary Health Care Strengthening (PHCS) Project, which is implemented by Abt Associates. Through the PHCS Project, USAID will focus on supporting the GOA to reduce TB morbidity and mortality by introducing international standards and guidelines for TB control, integrating TB services into primary health care (PHC) as appropriate, and improving clinical practices in prevention, case detection, and treatment of TB. Currently, DOTS is not integrated into PHC services. The PHCS Project will collaborate with stakeholders to facilitate DOTS integration into the PHC sector. The Project will work closely with the NTCP to engage in policy dialogue and increase the managerial capacity of the NTCP. USAID supports the following activities:

- Introducing revised policies and legislation that promote the implementation of *International Standards for Tuberculosis Care* for prevention, management, and surveillance of TB at the PHC level
- Revising clinical guidelines and protocols based on international scientific evidence and country context
- Facilitating integration of appropriate TB services into PHC settings as a way to extend access to prevention, quality TB case detection, and continuation of treatment services throughout the country
- Increasing the skills of practitioners able to diagnose and treat TB
- Providing in-service training to PHC providers on DOTS and working with the medical academy to introduce DOTS training into undergraduate medical curriculum
- Empowering people with TB and implementing a Patients' Charter for Tuberculosis Care

- Contributing to health system strengthening by collaborating with other health programs and general services
- Conducting rapid assessments to monitor improvement of clinical indicators and outcome data
- Increasing community involvement in TB care
- Improving collaboration between TB services and control efforts in the prison system and in the civilian health sector, including establishment of a referral system for TB patients

USAID Program Achievements

As this is the first year of USAID support for TB control and prevention activities, future reports will document achievements. The creation of government pilot and demonstration sites has already helped overcome initial resistance to the DOTS strategy and improved political commitment at the regional and central levels. TB interventions will be integrated into the PHC services to improve the quality, accessibility, and efficiency of health care in Azerbaijan and to help prevent further cases of MDR-TB.



Partnerships

Through collaboration with other successful TB projects in Eastern Europe and Eurasia, USAID will draw upon international and regional resources, learn from past experiences, apply lessons learned in integrating TB control into PHC, and identify appropriate responses. USAID will work with national stakeholders, including the MOH, the Center for Hygiene and Epidemiology, the NTCP, the Center for Health Care Reform, and the Ministry of Justice. USAID also coordinates with the World Bank, WHO, the International Committee of the Red Cross, KfW (German Development Bank), and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Azerbaijan received two grants from the Global Fund for TB activities: \$4.4 million in 2006 in Round 5 and \$9.5 million in 2008 (for Phase One) in Round 7.

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